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FACSIMILE TRANSMISSION

DATE: January 7, 2004

FROM:	Brett L. Bornsen	TELEPHONE:	303-938-9999 ext. 17
NUMBER OF PAGES (including this page):	10	EMAIL:	bbornsen@dsoblaw.com
TO:	Commissioner for Patents	TELEPHONE:	
RE:	Application No. 09/750,629 File Date: 12/28/2000 Group No. 2189 Inventor: Yuanlong Wang Examiner: Kim T. Huynh Attorney Docket No. 00CXT0785N	FAX:	703-872-9306

MESSAGE

Attachments: Transmittal - 1 page
Copies of Transmittal dated 9/4/03 (1 page), Response to Office Action dated 9/4/03 (7 pages), and postcard receipt date stamped by USPTO on Sep. 08, 2003 (1 page).

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL 303-938-9999

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PTO/SB/21 (08-03)

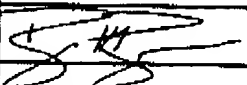
Approved for use through 07/31/2008. OMB 0651-0031

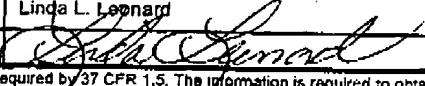
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/750,629	
	Confirmation Number	7116	
	Filing Date	12/28/2000	
	First Named Inventor	Yuanlong Wang	
	Art Unit	2189	
	Examiner Name	Kim T. Huynh	
Total Number of Pages in This Submission	10	Attorney Docket Number	00CXT0785N

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of Transmittal dated 9/4/03 - 1 page, Response to Office Action - 7 pages, postcard receipt with USPTO received stamp dated 09/08/2003.
Remarks Pursuant to Examiner Huynh's instructions on Jan. 07, 2003, Applicant is submitting a copy of the Response to the office action dated June 4, 2003, which was received by USPTO on Sep. 08, 2003.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brett L. Borsen, Reg. No. 48,586
Signature	
Date	January 7, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Linda L. Leonard		
Signature		Date	January 7, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Receipt acknowledged by USPTO on the date stamped below:

In Re: Patent Application of: Wang
Serial No.: 09/750,629
Date filed: 12/28/00
Title: Crossbar Integrated Circuit with Parallel Channels For
A Communication Device

☐ Recordation Form Cover Sheet _____ page(s) ☐ Assignment _____ page(s)
☐ Drawings (_____ sheets) Number of FIGS: _____
☐ Declaration and POA _____ page(s) ☐ Application Data Sheet _____ page(s)
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☐ Fee Transmittal _____ page(s)
☒ Amendment 7 page(s)
☐ Issue Fee Transmittal _____ page(s)
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DUFT SETTER OLLILA & BORNES LLC

Date docketed: 9/12/03
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See: _____
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PTO/SB/21 (05-03)


Approved for use through 04/30/2003. OMB 0651-0031

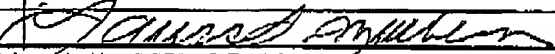
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	Filing Date	12/28/00	
	First Named Inventor	Yuanlong Wang	
	Art Unit	2189	
	Examiner Name	Kim T. Huynh	
Total Number of Pages in This Submission	7	Attorney Docket Number	00CXT0785N

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"><tr><td>Remarks</td></tr><tr><td>It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees.</td></tr></table>			Remarks	It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees.
Remarks				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brett L. Bomsen, Reg. 46,566
Signature	
Date	9/4/03

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Typed or printed name	Laura S. Mellblom		
Signature		Date	9/4/03

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